SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS			Use separate schedule(s) or each category of the	FOR LINE NUMBER: PAGE 6 / 57
				(check only one)
11	EINIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	y not be sold or used by any persondress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full)				
	Independent Community Bankers of Am	ierica Polit	ical Action Committee	
Α.	Full Name (Last, First, Middle Initial) Mr. H. Rex Brittle			Date of Receipt
	Mailing Address PO Box 504			$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City State Zip Code			Transaction ID: 13669244
	Gresham	OR	97030-0114	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer MBank	Occupation Chief Exe	n ecutive Officer	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General	' '	1000.00	1
	Other (specify)	0 0	1000.00	
— В.	Full Name (Last, First, Middle Initial) Mr. Wayne A. Cottle			Date of Receipt
	Mailing Address 236 Prospect Street			0 2 0 1 2 0 0 7
	City	State	Zip Code	Transaction ID: 13669245
	Franklin	MA	02038-3416	Amount of Each Receipt this Period
	FEC ID number of contributing ederal political committee.			1000.00
	Name of Employer Dean Bank	Occupation Presiden		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General	' '	1000.00	1
	Other (specify)		1000.00	
<u> </u>	Full Name (Last, First, Middle Initial) Mr. Robert J. Fylling			Date of Receipt
	Mailing Address PO Box 10			0 2 0 1 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 13669247
	Elk Point	SD	57025-0010	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Valley Bank National Asso-	Occupation	n	
	ciation		ice President	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General	500.00		11
	Other (specify)			1
	LIPTOTAL of Descipts This David (autism)			2500.00
5	UBTOTAL of Receipts This Page (optional)			

TOTAL This Period (last page this line number only) .....